

ORIGINAL ARTICLE

EFFECT OF EDUCATION ON STIGMA AND DISCRIMINATION TOWARDS MENTAL ILLNESS: A MULTIVARIATE ANALYSIS OF COVARIANCE

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ABSTRACT

People with mental illness often encounter stigma and discrimination. Mental illness-related stigma and discrimination represent the enormous obstacles that stand in the way of delivering mental health care. Little is known about stigma and discrimination toward mental illness in rural Sarawak. Thus, this study aimed to identify the stigma and discrimination towards mental illness among Sarawak's rural community and factors affecting them. A cross-sectional survey was carried out on 840 respondent adults aged 21 and above. A validated Community Attitude towards Mental Illness (CAMI) and Discrimination towards Mental Illness questionnaire was used for data collection. A Two-way Multiple Analysis of Covariance (Two-way MANCOVA) test was carried out to determine how much gender and education level influence stigma and discrimination towards mentally ill patients. Analysis showed that there was a statistically significant difference of standardised stigma and discrimination scores with education level ($p < .001$), but not with gender ($p > .05$). Age had a positive linear effect on both stigma and discrimination, whereas experience with mentally ill patients negatively affected both stigma and discrimination. Individuals with a lower level of education, older in age, and lesser experience in dealing with the mentally ill would have a higher level of stigma and discrimination towards mental illness. Thus, targeted and practical strategies need to be organised and implemented to combat mental illness-related stigma and discrimination.

Keywords: Mental illness, stigma, discrimination, education, rural Sarawak

INTRODUCTION

Mental illness is one of the non-communicable diseases (NCD) that had substantial public health concern globally. Based on the epidemiological transition theory, the shift has occurred from communicable diseases to non-communicable diseases (NCD) in most countries and established a devastating global premature mortality^{1,2}. The disease epidemiology transition is mostly expected to happen in developing countries compared to underdeveloped and developed countries. This is most probably due to the increasing lifespan and rapid ageing processes. Rehm and Shield³ reported that the global burden of mental illness accounts for 19% of years lived with disability (YLDs) and 7% of disability-adjusted life-years (DALYs). The most type of mental illness associated with high DALYs was depression, with higher rates among women, whereas the men had higher rates among those with substance use disorders^{3,4}.

In Malaysia, the National Health and Morbidity Survey (NHMS) is an established platform to monitor the population health status. This survey showed a relative increase in mental illness prevalence from 10.7% in 1966 to 29.2% in 2015 among adults⁵. Female respondents demonstrated a slightly higher prevalence of mental illness compared to male respondents. However, it was not significant. NHMS 2019 had assessed the specific mental illness among adults, which was depression and revealed that the prevalence was

2.3%⁶. However, this prevalence showed a difference compared to an earlier study that estimated the prevalence of depression in Malaysia was between 8% and 12%⁷. The prevalence of mental illness for children between 5 to 15 years decreased from 12.1% in 2015 to 7.9% in 2019⁶. Boys, younger age groups, and rural areas are the risk factors of mental illness among children.

Mental illness is always associated with stigma and discrimination among the public. Stigma is when someone sees a person with mental illness negatively because of his/her mental illness. Similarly, discrimination is when someone treats a person with mental illness negatively because of his/her mental illness. Social stigma and discrimination can worsen mental health problems and stop a person with mental illness from getting the help they need. It would influence them in self-identifying their mental health status and behaviour on seeking a treatment, which led to untreated mentally ill patients⁸. Seeman et al.⁹ conducted a worldwide study and found that mental illness-related stigma and discrimination are widespread among countries in Asia. An internet-based study in Japan revealed that people's professional groups were stigmatised towards mental illness compared to the general population¹⁰. At the community level, the family members had a lower stigma to the general population¹¹. People in the community who suffered from mental illness were